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## Dispensing *vs.* Prescribing.

WILL C. BAILEY, PH. G., PH. D., M. D.

THERE is a marked tendency at the present time towards returning to the methods which prevailed in the earlier history of medicine. The time was when the physician not only ministered to the bodily ills, but to the spiritual as well, and in the combined calling of leech and priest he became a power in the community for good or evil second to none.

The ancient physician with his supposed power as alchemist, physician and priest had the decided advantage over his professional descendant of to-day, for he practically had no quacks with whom he must compete, or if he had he could meet them on their own ground without any breach of ethics or loss of professional prestige; for his incantations and exorcisings against the Devil, or the quack as his agent, were credited with having as great a potency as his decoctions, which were brewed in the full or the dark of the noon

according as he wished to build or deplete his patient.

While it may not be desirable to advocate returning to the old methods to the extent of attempting to regulate the moral life of our patients, still we must recognize that the personal element of confidential relations between patient and physician which existed at that time must be closely maintained now if we would be fully successful in our ministrations. When the physician has gained the confidence of his patient he has made a great stride toward successful treatment. If the patient can be made to have the same confidence in the potency of the medicines another great stride in that direction is made.

This confidence in the purity and power of drugs is bound to be shaken by the modern methods of boycott and cut rates. And even if the patient is convinced by the extravagant advertisements of the druggist, and the

claims that he does not practice substitution and that the purity of his drugs is on a par with Cæsar's wife, beyond reproach, the physician is by no means so persuaded for he often has evidence to the contrary. Allow me to present a few instances of the latter from my personal experiences.

About three years ago I received a nitrometer from the East and being anxious to make a test of the apparatus with a known substance I sent to a neighboring drug store for some chemically pure nitrate of sodium. The package was promptly delivered to me, very beautifully wrapped and labelled "NaNO<sub>3</sub>, C.P." I at once made my test but found that my volumeter registered only 25% of the amount of nitric oxid which I had a right to expect. Fearing some error in my manipulation of the new apparatus I repeated the experiment with the result the same as in the first instance. It being Saturday afternoon the chemical supply houses were closed and I could not procure a reliable salt elsewhere, so I proceeded to make the test salt myself with sodium hydrate and nitric acid. With this article of my own manufacture I repeated the test and my volumeter registered within  $\frac{1}{2}\%$  of the anticipated amount. I have refrained from patronizing that drug store from that date.

I use considerable quantities of the sweet oil of almonds. At one of the large retail drug stores of this city, which is being advertised by boycott methods, I can buy an article bearing that label at fifty cents a pint retail while the wholesale house where I do most of my trading charges me from 80

to 85 cents a pint. The query naturally arises "what must be in the bottle from the store with the yellow label?" Surely not pure Ol. Amygdalæ dul.

Having occasion one evening while visiting a patient to use some of the oil, I sent a small boy to a neighboring drug store with an order for the pure oil. He returned with a bottle properly labelled but containing a heavy, sticky, cheap grade of salad oil. I sent the bottle back with instructions to send what I had ordered, and this time it was returned with the addition of a strong odor, the druggist having added a drop of the bitter (essential) oil of almonds. Then I went out and delivered to that druggist a free lecture on materia medica and other subjects. But the drug habit of substitution and adulteration is too well known to need further comment here.

The financial aspect of the problem is an equally interesting one, especially to those who are new in the profession and even to some who have grown bald and gray in the practice. Finances may be considered both in the direct profit from the medicines furnished and in the fact that it keeps the patient in more perfect communication with the doctor. When we write a prescription the patient takes it to our favorite druggist, or quite as likely to some other doctor's favorite, and while he is waiting for the medicine to be compounded he is entertained by reading glowing testimonials of sure cure for consumption, quick pile relief and guaranteed corn eradicator, all for sale at cut rates. All this time he is being

hypnotized into the belief that he has squandered the money he spent for advice, and the next time he is liable to patronize the drug merchant direct.

A still more common case is where one of the family has been slightly ill and has promptly recovered after using the medicine prescribed. Later on another member of the family or one of the neighbors is attacked, as they think in a similar manner. The prescription given in the first instance is taken to the druggist and refilled. Thus the doctor loses the fee to which he was entitled and the patient in all probability received a medicine not adapted to his particular ailment.

One more instance of the druggist's mischief and I am done with that portion of the subject. Some years ago a lady came into the drug store in Chicago, where I was filling prescriptions, and asked for something for a cough. My employer looked out through his "peep hole" and recognizing the lady as one of Dr. H's. patients turned to his prescription file and found a prescription which Dr. H. had written for this same patient. I refilled the old prescription for her, and as the bottle was brought many times to be renewed I presume she thought it an unnecessary expense to consult Dr. H. when she could get the same medicine at the drugstore without any fee for advice. This same experience is liable to happen to any physician, as a druggist soon becomes familiar with the methods of any one whose prescriptions he frequently fills, and it is quite easy for him to counterfeit the doctor's peculiarities in dosing.

The confidential relations which exist between physician and patient are such that they can never properly be shared with a third person, and especially if the person who thus shares a portion of the confidence has only a financial interest in the case, as has the druggist. Many a patient timidly shrinks from taking to the druggist's clerk an order for medicine which in itself tells that which no one outside of the patient and his medical adviser has any right to know. The patient shows his confidence in the doctor in coming to him for advice and treatment, and this confidence may be easily increased by the knowledge that the doctor personally prepares or superintends the preparation of the medicine which he is to take. When the doctor supplies the patient with the necessary medicines there is more readily given the opportunity to suggest the financial part, which some patients are prone to neglect. When the medicine is used the patient has no means of obtaining more (which is a very important feature when habit-creating remedies are required) without returning to the doctor. Thus the physician is kept more in touch with his patient and can make such changes in the medicines as may be indicated, or prevent the patient from becoming too much attached to some favorite sedative or stimulant.

But to the eclectic physician there is a greater reason why he should consider the advisability of compounding his own medicines as preferable to writing the prescription and leaving its filling to some one else. Eclectic medicines are, even in the larger cities, not

so common on the druggist's shelves as those of the allopathic school, and if some murky fluid extract of indefinite composition is not substituted for the specific tincture the patient is at least compelled to wait an unreasonable and possibly a dangerous length of time until the druggist can procure the desired medicine from the wholesale house. But a still greater reason why eclectics should dispense rather than prescribe is based upon the fundamental facts which led to the establishment of eclecticism as a scientific and REGULAR school of medicine. In the early history of eclecticism our fathers of medicine protested against the rank heresy of the allopaths in departing from the ancient and natural methods of using every green herb and the fruit thereof as a medicine for mankind, and indulging in the too promiscuous and careless use of mineral poisons. This protest brought about an effort to study the nature and effects of the fresh herb when administered either as a food or to correct morbid conditions of the system. And in so doing was proven the truth of a most ancient East Indian proverb: "Help Nature and work on with her, and she will regard thee as one of her Creators, and will lay bare before thee the hidden treasures of her virgin bosom." Thus through the early eclectic practice of taking the fresh herb and properly preparing it, has been given to modern medicine the most complete, scientific and satisfactory materia medica the world has ever known. By proper preparation I do not mean that of the old timer who told his assistant to be careful in the

scraping of slippery elm bark, "for if you scrape it down it will act as a physic and if you scrape it up it will act as an emetic, but if you scrape it both ways the Lord only knows how it will act." By personal manipulation of the crude drug the physician soon learned to detect its physical peculiarities, and to recognize any impurity that might be present. As that familiarity gradually grew, the separation of the active principles and rejection of the inert and deleterious portions of the crude drug naturally followed until now we have our elegant preparations of Specific Medicines, Normal Tinctures and Alkaloids. So in the future there will develop a more scientific treatment and accurate dosage if we will continue to personally prepare our medicinal portions. Chemical incompatibles will be recognized at a glance, partly precipitated and muddy mixtures will be less frequent, and we will not have so much need for the label "When taken to be well shaken." We will know if our specifics are fresh and will readily detect if they have in any wise deteriorated.

If a beginning is made in compounding mixtures of the elegant and easily handled eclectic pharmaceutical preparations, courage will soon be gained to experiment, cautiously and scientifically, with the many strange and valuable herbs with which our Western coast abounds, and to produce new remedies which shall be as far ahead of ours of the present time, as these of today are ahead of those of our grandfathers.

The boast of eclecticism is its materia medica, and the way to become familiar with materia medica is to handle the material.

### Vaccination.

F. J. PETERSEN, M. D., LOS OLIVO, CALIFORNIA.

IT is not the object of the writer to discuss the advantages claimed for vaccination, nor its disadvantages. The question is, if it is effective, why and how does it act on the system. In order to get data as to the strength of the vaccine virus in use, I wrote to a number of authorities on biology. The answers received were that it is absolutely impossible to determine how much of the smallpox virus there is in a grain of vaccine virus; but smallpox in the cow may be traced back for a thousand generations and at *each subsequent* inoculation the smallpox virus is diluted 100,000 times. Therefore, although we have no way to determine exactly, the figures given plainly show that it is given in very high homœopathic potencies direct through the tissues. The homœopath uses this vaccine virus internally in the form of trituration, called vaccinum, in high potency, as a prophylactic against smallpox. This latter form is less dangerous and not as disagreeable as the former and is claimed to be even more effective. Taking for granted that both have merit, what conclusion must we reach?

It is a well known fact among homœopaths that disease products potentized have medical virtue, and according to homœopathic laws of cure, become curative in the original disease; this is according to Dr. Swan and his followers. A fact well established however is, that a disease product will become curative

in conditions other than the disease; but with symptoms resembling same without the disease itself existing or having existed. We must therefore take for granted that disease products given in minute doses, that is in high potency, act as a medicine correcting conditions that simulate in symptoms the disease it is taken from and that it will produce the symptoms of the disease when taken, to produce its physiological effect or symptoms of provings. These effects can be produced by vaccination or by taking vaccinum internally. Acting as a remedy on the tissues producing certain changes it stands to reason that any mineral or vegetable drug, the provings of which produce basic symptoms that simulate the basic symptoms of the disease, should be a prophylactic and curative in the disease. In medicinal doses these disease products will cure conditions simulating the disease the product is taken from; while if continued or given in too large and frequent doses the physiological effect or provings of it produces symptoms of the disease; however, not the disease itself. This is the reason that the physiological action brought about by diseased products, in high potency, of contagious or infectious diseases are not contagious as the disease itself. This applies to the effect of vaccine virus or vaccinum as well as any other disease product. In order to make this clear it is necessary to ex-

plain in a general way the action of the nervous system as well as that of local irritants and micro-organisms. That local or central irritants or micro-organisms will produce abnormal chemical changes in the blood is well known.

Our circulation is governed by vasodilators and constrictors. Anything that produces an abnormal relation between the two will naturally result in the loss of equilibrium. Conditions are so different, however, that an explanation is in place. If there is atony of the dilators the strength of the constrictors will overcome that of the former and *vice versa*.

If there is irritation of the constrictors it will overcome the normal action of the dilators and *vice versa*. This shows that many symptoms simulate each other in certain conditions, although the cause is not the same. By overstimulating certain centers irritation

results and if carried too far paralysis. This applies to both vaso-constrictors and dilators. Now if a poison or disease exerts certain irritating or depressing influence on certain parts and certain nerve centers, it will produce certain symptoms which may be more or less severe according to the severity of the antagonist and resisting power of the parts. The parts that are first antagonized, if abnormal or debilitated, will easier submit stands to reason. This explains why some are more susceptible than others to certain diseases and at certain times and others again only at times.

A remedy that acts in its provings in the same way or as a certain disease, must attack these very centers in a similar manner. Therefore in high potency it will be strengthening and invigorating to these very parts and in this way is able to fortify said parts or centers from an attack of disease as stated.

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### A Case of Subnormal Temperature.

ARTHUR B. NELSON, M. D.

**B**EFORE the Journal goes to press I will report a case which to me was peculiar. This is an ambulating patient, a boy who is in a state of melancholy from some unknown reason; refuses to talk and will eat but little. A week ago I was called in consultation, and found a boy eighteen years old apparently well nourished, cold hands and feet, pinched expression, temperature 95° F., would not talk, and the

mother said he had eaten nothing for one week; he is employed in the office of Wells Fargo & Co.'s Express. Complained of headache, quit work and went home. Refused to go to bed, walked aimlessly about the house. I took his clothes off, put him in bed, gave him 1-30 of a grain of strychnia under the skin; told the mother to get him something to eat. She tried him again and again but he simply closed

his jaws and shook his head. Some doctor who was called before me said he had "meningitis." I examined him physically; the urine contained phosphates, then it cleared up; temperature still 95°. I put a glass of milk with some whisky in it to his mouth and to my sorrow he refused again. I then put the glass in his own hand and raised his hand to his mouth and to my surprise and his mother's as well he commenced to swallow. I then repeated

the procedure and he drank four glasses; after a while he was given more; his temperature raised one degree in six hours. In forty-eight hours afterwards his temperature was normal. We used hot water bags, etc. I gave him some strychnia occasionally. To day his temperature is normal, pulse good; no meningitis that I can find. Pupils normal, but the melancholia still remains. I believe it was a case of starvation.

### Exercise.

DR. JOHN DOUGALL.

**EXERCISE**, from *Exerceo* I drive about. In medicine, however, it has a more general meaning—as, the active use of the muscles or the parts of the body thus acted upon. It may thus be of the muscles alone or the parts brought into play by the action of the muscles. *General* exercise calls into action the majority of the muscles of the body, and when kept within physiological limits has a salutary effect upon the functions of the body. *Special* exercise is limited to particular muscles or groups of muscles.

Exercise may be *voluntary*, *i. e.*, undertaken at the will of the subject, as in walking, or *involuntary*, as in the action of the heart muscle, peristalsis of the bowels, etc. Occurring in response to direct normal nervous stimulus it is said to be *active*, and *passive* when it is the result of forces extraneous to the body of the subject, as

massage and some forms of electrical energy.

It is evident even from these very brief considerations that muscular exercise stands in an important relation to medicine. Physiological exercises preserve health, produce strength and improve the physique.

A system of exercise to be beneficial must not tire the subject and must be scientifically arranged; the lack of exercise and the abuse of it are often factors in the causation of disease.

Some of the physiological effects of exercise are: increased respiration and greater elimination of carbon dioxide with increase in absorption of oxygen, increased pulse rate and blood pressure. Diaphoretic action is also increased, while during exercise diuresis is decreased but increases during the rest period. The muscles become firm and increase in bulk becoming a nitro-

genous storehouse; digestion is more rapidly and efficiently carried on, and the general result of these changes is an improvement in and maintenance of nutrition.

Exercise may be excessive by reason of its severe character, too frequent repetition or undue prolongation; such terms are, however, only relative. There can be no absolute standard to judge excess because there is no fixed limit of the proper amount. Strenuous exercises too frequently repeated may cause cardiac hypertrophy, valvular lesions, atheroma and even rupture of that organ. It is in no way beneficial and may be very deleterious.

Exercises should be taken in the morning, especially those that apply to the respiratory tract. The subject should strip to the waist, and if possible the exercise should be taken in front of a large mirror and be followed by a rub down, and, if the constitution will stand it, a cold sponge. At first there will be a tendency to hold the breath but this must not be done, on the contrary, inspiration and expiration should correspond to certain movements of each exercise when it will become quite natural to breathe regularly.

The following are a few simple exercises:

**FOR THE ARMS.**—Stand erect, heels together, toes apart, arms down in front, elbows close to the body, palms turned forward. Bend arms at elbows alternately. As you bend one arm straighten the other. This movement is only in the elbows, therefore do not move the elbows back and forth, but keep them in one place, and be sure

you do not shut your hands. Take this exercise often and do not let the motion be jerky.

**FOR THE BACK.**—Standing perfectly erect heels together, toes apart, with the arms above the head, palms turned forward, keeping the arms in the same position above the head bend forward as far as you can to the floor. Straighten up, taking care that the arms come up at the same time with the head. In other words, the arms do not move in the shoulders at all. The movement is entirely in the back and hips. Keep the legs straight. Do not bend your knees at all; keep the muscles of the back rigid when returning to original position.

**FOR THE MUSCLES OF THE ABDOMEN AND SIDES.**—Keep the legs straight and as you bend to the right side reach down the right arm and raise the left hand under the left shoulder. As you bend to the left side reach down with the left arm and raise the right hand under the right shoulder. The rigidity is in the muscles of the waist and not in the arms. The object of moving the arms is to enable you to bend more than you would without moving them; do not allow the perpendicular line of the body to be disturbed anteriorly.

**FOR THE ARMS AND CHEST.**—Arms horizontal, palms up. Make rigid the muscles of the upper arms and bend both arms so as to come to position with fingers meeting on chest, then straighten them again, keeping the muscles rigid both bending and straightening. Keep the elbows on a line with the shoulders. Do not raise or lower them while performing this

## REMOVAL OF A CYSTIC TUMOR.

223

exercise. The movement is only in the elbows.

**A LAXATIVE EXERCISE**—The subject assumes a position horizontal to the floor supported on hands and toes. By bending the arms at the elbows lower the chest and chin to the floor, then raise up and repeat. Do not hold the body exactly straight but raise the hips up a little so as to keep the abdomen up somewhat when the chest is down and do not bend in the back when coming up. The position of the hands is directly under the shoulders, the fingers turned a trifle outward.

This exercise should be applied guardedly and not carried to excess or exhaustion.

**A MORE DIFFICULT EXERCISE**.—The subject lies on the floor flat on the back arms folded across the chest; keep the legs straight, first raise the head and shoulders by bending body so as to come eventually to a sitting posture; make the muscles of the back rigid and return to original posture.

To those who are unable to take exercises such as these massage and mechano-therapy offer the best substitute.

### The Removal of a Cystic Tumor by Absorption.

GEO. P. GERICHTEN, M. D., JANESVILLE, CAL.

**DURING** the month of January a gentleman consulted me at my office regarding the removal of a cystic tumor. He intimated to me that I was the fourth physician consulted, all having diagnosed it the same, a cystic tumor, and each advocating surgical means as the only remedy. He being rather skeptically inclined towards the glistening steel strongly objected, so my only opportunity was to resort to experiment.

Incidentally I permitted my intimate medical associate (an old school graduate) to examine the tumor. He remarked that surgery was the only and inevitable course to pursue, and ridiculed any different means of treatment. On consulting my library I was habitually confronted by the term "cut it

out." However, necessity prompted me to proceed and endeavour to secure satisfactory results independent of the knife.

The tumor in question was about the size of a silver dollar, and of twenty months' duration, situated on the immediate back of the right wrist. With the privilege of reserving the right to operate should failure follow my experiment, I proceeded with my treatment. I commenced to antagonize the tissue by giving my patient Kali Iodide  $\text{ziii}$ , water  $\text{℥vi}$ , a teaspoonful every three hours. For nineteen days I injected *phytolacca m v* into the tumor, and with the aid of the internal medication succeeded in reducing this iron-clad covering which surrounded the tissue involved to a rather appre-

ciative phlegmatic state of degeneration.

My second bottle contained phyto-lacca  $\text{ziii}$ , iris  $\text{ziv}$ , polymnia  $\text{ziv}$ , digitalis  $\text{zss}$ , elixir auranti  $\text{ziii}$  and water to  $\text{zviii}$ , with the same instructions as with previous bottle. By this time my treatment proved adequate as the tumor now appeared about the size of a silver twenty-five cent piece, and I continued the administration of the same remedies with exception of the digitalis which I discontinued. This latter treatment I alternated with Kali Iodide in solution of  $\text{ziss}$  to water  $\text{zvi}$ , a teaspoonful one hour after eating, and at bed-time, until five and one-half weeks had elapsed. It is to be understood that I recommended constant massaging throughout the entire course treatment. Upon his last visit to my office I found that the tumor had yielded itself to the inevitable and was a thing of the past.

### Sparklets.

M. SCHIRMAN, M. D.

1. In business matters be minute enough to cover all dispute.
2. Make a promise with caution, keep it with care.
3. Character is the best crop—keep yourself growing.
4. The highest forms of human wealth are, wisdom, virtue, peace and health.
5. Do you learn something every day?
6. No creed atones for neglect of duty.
7. The cause of the trouble.—An old gentleman down one of the streets in New York, when he saw a boy crying

outside a house, and, thinking he might comfort him, he asked him what was the matter.

“Father’s laying the c-carpet down.”

“Well, and does that unpleasant task make you cry?”

“No, h—he h-hit his thumb.”

“Oh! you are sorry for your father, I suppose?”

“No—no I—I laughed!”

### “TAKING” THE FLOOR.

A clergyman who was one of the speakers at a public meeting arrived late, and, in his confusion, when he reached the platform missed the chair that had been placed for him and came down at full length upon the floor. The accident occasioned not a little subdued mirth. When later it came to his turn to speak he was thus introduced by the chairman: “The Rev. Mr. W. will again take the floor.”

### Division of the Anterior Ciliary Arteries in Chronic Simple Glaucoma.

H. B. Chandler (*Trans. Amer. Ophthalm. Soc.*, Vol. IX., 1902) believes iridectomy to be of little value in the treatment of chronic glaucoma with no acute symptoms. In his experience the ultimate result is the same, whether or not this operation is performed. He has for several years treated such cases by dividing the anterior ciliary arteries before they perforate the sclera and in every instance satisfactory results followed. Tension was lowered, vision improved and pain, if present, relieved. Chandler advises that in hopeless cases of glaucoma which ordinarily indicate enucleation, one should first resort to division of the ciliary arteries.—*International Med. Magazine*.

## Electrolysis in Endometritis.

A. S. TUCHLER, M. D., VAN NESS AVE., SAN FRANCISCO, CAL.

THE use of electrolysis in the treatment of the diseases of the uterus can only be appreciated when the perfect results which invariably follow its application are observed in appropriate cases by the general practitioner. In the treatment of endometritis when uncomplicated with adhesions in the pelvic region or other extensive pathological conditions, and where curettage is usually in order, electrolysis can effectually be substituted and will give entire satisfaction to both physician and patient. It is indicated when endometritis is present and may be complicated with subinvolution, metrorrhagia, dysmenorrhea or stenosis of the cervix. To better illustrate its application the following two cases are noted.

Case 1. Mrs. W., age 35, multipara, has suffered for thirteen years with headaches, nervous irritability and despondency, at times verging on mental aberration. Complained of persistent and copious vaginal discharges, and a dragging sensation in the lower part of the abdomen and constant backache, in consequence of which she could not be on her feet very much and was easily tired out; frequent urination accompanied with pain and burning; sleep was at times out of the question. In appearance she was a well preserved lady weighing about 140 pounds. She had been the rounds of the tampon treatment without relief and was finally

informed that only an operation would cure her. This she refused. On examination we found the vaginal walls flabby and irritable, the cervix slightly torn, eroded, and bled considerably when touched. The uterus was enlarged to the depth of four inches and giving off an offensive and tenacious discharge. The ovaries and tubes were slightly enlarged and painful on palpation; menstruation was irregular and copious. Prescribed for her:

R Sp. m. Black Haw

" Helonias

" Pulsatilla.....aa ʒi

Glycerine.....ʒi

Aq. dist. q. v.....ʒiv

Sig. ʒi every three hours.

After thoroughly cleansing the parts with a vaginal douche and the application of hydrozone on a cotton swab to the cervix through a speculum, until the tenacious mucus was removed, I now introduced a medium sized electrode of aluminum and attached it to the positive pole of a galvanic battery; the negative pole was fixed to Boyd's abdominal electrode. This electrode can be used without water, being made of a gelatin composition and is eight and one-half inches in diameter. It is made by the Electro-Medical Manufacturing Company. A current of twenty-five milliamperes was applied for fifteen minutes, when the current was slowly turned off and the electrode removed. The cervix and canal were then covered

with aristol; a lamb's wool tampon saturated with boro-glyceride was introduced through the speculum and placed against the cervix, with instructions that it be removed the next morning and be followed by a hot vaginal douche. This electric treatment was given once a week, and in the meantime the cleansing and tampon treatment was applied every other day, with appropriate douches on retiring. With surprising results she now began to regain her former vivacious spirits which seemed to increase with each subsequent treatment until about a dozen applications of the electric current had been made, when menstruation was regularly established and she considered herself cured. Having been a widow for about eight years, she now turned her thoughts to matrimony with perfect enjoyment of life again, as she expressed it.

The use of aluminum as an electrode is to be preferred to either zinc or copper in these cases, as the former does not cause so much pain as the latter and gives better results. Its connection to the positive pole of the galvanic battery causes it to form, when in the uterine canal, the oxy-chloride of alumina; this covers the endometrium with an antiseptic coating which will be expelled in a few days as a dark colored membrane, with a relief from the annoying and tenacious discharge. A weekly repetition is necessary until this gelatinous mucus becomes thin and glairy and finally ceases altogether.

Case 2. Mrs. R., age 26, married four years, no children; feels perfectly well

except for intermittent headaches and painful but regular menstruation and leucorrhea. Was anxious to have a child and applied for relief with that object in view. She refused an operation for stenosis on several occasions at other hands.

On examination, found the cervix stenosed and a tenacious mucous discharge. Cleansed the cervix with hydrozone through a speculum and applied to the opening the smallest Goelet's dilating nickel plated electrode. This was attached to the negative pole of a galvanic battery; the positive was fixed to the large abdominal electrode as in case one.

A current of ten milliamperes was gradually turned on and the electrode firmly held against the stenosed portion of the canal. In fifteen minutes it found its way through the stricture. The current was now slowly shut off and the electrode removed, followed by the application of a tampon. This treatment was repeated once a week and tamponed in the interval as in the former case. At each electrical application a larger electrode was used until the canal was freely opened. This treatment proved successful as the lady had her wish gratified in due course of time.

These two cases will illustrate a simple and effective method of treatment, but no mistake must be made in the use of the active pole of the battery, otherwise the result will be a failure. It must be remembered that the positive is the drying and constricting pole, while the negative has dilating and stimulating qualities.

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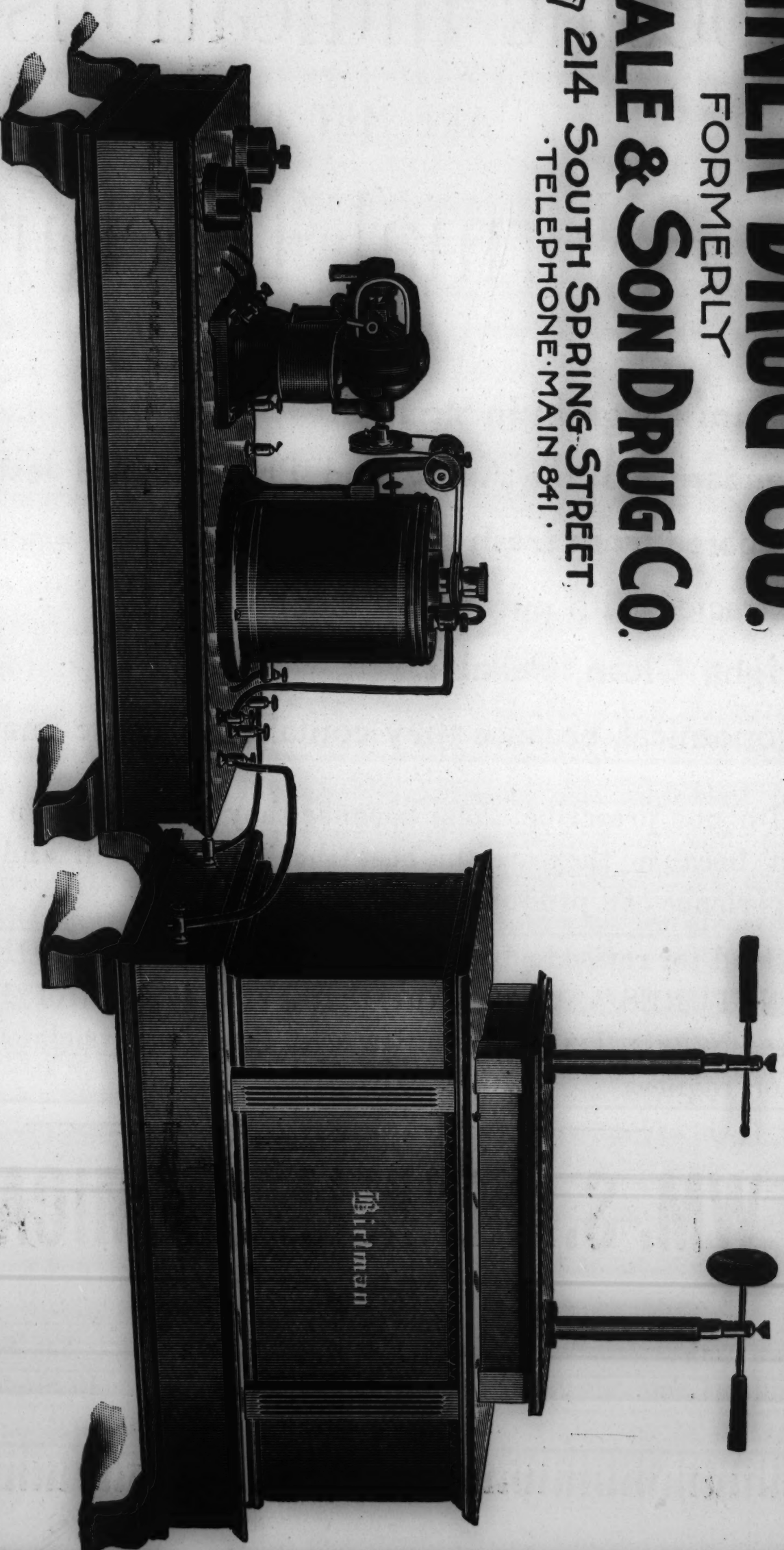
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### EDITORIAL.

We have the pleasure of announcing that we have arranged for a series of original articles on the climatology of Southern California. The first of these is from the pen of Dr. J. A. Munk, a recognized authority on this subject. It is written in his usual concise style, yet it is comprehensive and complete. This article will appear in the November issue and will be introductory to the others which treat more in detail of particular localities. Each paper is written by a good man, who has been long enough resident of the place to know whereof he speaks. They will appear regularly each issue.

Mrs. L. A. Perce has returned from an extended visit with friends in the East. She likes Southern California better than ever before.

Dr. J. A. Munk attended the G. A. R. Encampment in San Francisco recently. Our worthy colleagues must have been good to him for he returned decidedly pleased with himself and with an increase of five pounds in weight.

Dr. A. Hooper, formerly of Kansas City, Mo., has arrived with his family and will make Los Angeles his future home. Many years of hard work caused the usual nervous break down, and he came to the coast a year ago in search of health. Being greatly benefited by a few months sojourn he now returns and becomes a permanent fixture. To those of us who had the pleasure of meeting Dr. Hooper as a tourist, he needs no introduction, and in behalf of all we extend to him a hearty welcome.

Dr. A. P. Baird, formerly of San Jose, is now located at No. 455 South

Broadway, Los Angeles. Dr. Baird has made a reputation for himself among the eclectics of California, and comes among us highly recommended. He has selected a good location for his office and is doing business from the start.

### Obituary.

We learn with great regret of the death of Mrs. Sophia Webster Lloyd, mother of our own John Uri Lloyd. She had been living with this son for some years past and it was at his home that she died on August 17, 1903, having reached the unusual age of 83. Mrs. Lloyd's life was an ideal one, devoted to domestic and intellectual pursuits. There were the usual hardships of a pioneer's life with its daily battles and sacrifices but her character carried her serenely above them. She reared a large family and lived to see each of them gain prominence and honor in his chosen life-work. Her writings embrace a period of nearly three-score years and ten, and during this time she retained the confidence of her publishers and the reading public. The following selection from her pen expresses what manner of woman she was.

"I would not ask that I might sleep  
Among a lordly race;  
And find within a gorgeous tomb—  
My final resting place.

"I would not care where it might be,  
How humble and how low;  
Whether the tall grass 'bove me wave,  
Or bright flowers o'er me grow.

"But I would have the chastened tear  
Of blest affection shed,  
And kind and loving hearts to weep  
Around my quiet bed."

### QUERY BOX.

Conducted by L. A. Perce, M. D., Long Beach, Cal.

I have often been asked by eclectics of this coast what was being done towards a proper accumulating and preserving of eclectic books and literature. In answer to this query, I take the following clippings from the Eclectic Medical Gleaner, of Cincinnati; also, the Cincinnati Lancet-Clinic:

"After much expense and great labor, the Lloyd Library, with its vast collection of books, etc., upon pharmacy and eclectic medicine and things collateral thereto, is open regularly Monday, Tuesday and Wednesday of each week to those who are in quest of knowledge or information along these lines. As it is now this great collection of books stands as a monument of industry—a great work, a great expense, a great sacrifice of its founders to the greater good of the medical and pharmacal professions in general, and to the eclectic school of medicine in particular; and the work is not done. Every day additions of the greatest value and interest are being made. There is no other such collection of books in the world."

The Cincinnati Lancet-Clinic in an editorial reference to the public libraries of that city closes its remarks on the subject by the following reference to Prof. John Uri Lloyd:

"It is not to be forgotten in this relation that Prof. John Uri Lloyd has one of the most unique and valuable medical and scientific libraries in the world—located but a short distance from the Cincinnati Hospital Library—

on the shelves of which are to be found many rare and costly books. Three days in every week this library, with its many treasures, is open to all reputable physicians. The Lloyd library represents the work of a lifetime. Mr. Lloyd is an ardent lover of books, and, fortunately, has an abundance of means to gratify his love of such lore. He is one of the largest-hearted men in this great nation, and is never more happy than when entertaining some congenial spirits in the home of his library. He writes stories called fiction, but having a solid foundation of literal truth, and as a scientific author stands on the top-most rung of the ladder of fame. It is a good thing for any physician to be able to say he knows Professor John Uri Lloyd, and, still better, that he has known the Professor for a very long time. But stop right here. When the writer has for a theme the personality of Professor Lloyd he is warming up to a dear and well-beloved friend of very many years' standing."

### Fractures and Luxations.

D. W. Rees, M. D., Needles, Cal.

Mr. Chairman, Ladies and Gentlemen:

I have selected for my subject for discussion fractures and dislocations, accidents and injuries to bones, especially fractures of the elbow joint. I feel that I am undertaking a subject that is considered by the best authorities to be one of the hardest problems with which we have to deal. If my paper seems dry and I have failed to interest you, think of that old saying that was advanced by Dr. Gray, author

of Gray's Anatomy, "It's as dry as a bone."

There is no class of injuries which a practitioner approaches with more doubt and misgiving than fractures, or one which demands a greater amount of ready knowledge, self-reliance and consummate skill. They frequently involve consequences hardly less serious and disastrous to the surgeon than to the patient himself. If I were called upon to testify which branch of surgery I regarded as the most trying and difficult to practice successfully and creditably, I should unhesitatingly assert that it was fractures. And I am quite sure that every enlightened practitioner would concur with me in my opinion.

I certainly know of none which requires a more thorough knowledge of topographical anatomy, a nicer sense of discrimination, a calmer judgment, a more enlarged experience, or a greater share of vigilance and attention; in a word, none which demands a higher combination of surgical tact and power. As for myself I never treat a case of fracture, however simple, without a feeling of the deepest anxiety in regard to the ultimate issue; without a sense of discomfort, so long as I am conscious that despite the most assiduous attention and the best directed efforts the patient is likely to be lamed and deformed for life.

A crooked limb, whether rendered so by injudicious treatment or not, is an unpleasant sight to a sensitive surgeon, inasmuch as it continually reminds him of his bad luck or want of success. I do not wish by these remarks to be understood to say that it

is always in our power to cure these accidents without deformity or impairment of function. Such a view would be contrary to experience and common sense. There are many cases of fracture which do not admit of any other result, however attentively or skillfully they may be treated; and there are not a few which turn out badly, disgracefully so, simply from the lack of proper cooperation on the part of the patient. For such results no surgeon is responsible.

Our colleges of today do not give treatment of fractures of the joints the consideration it deserves. I am thoroughly impressed that every college in the country should have a special instructor in this branch whose only work is to lecture and demonstrate on the living subject and cadaver. The student should be taught to apply his splints and bandages so that when he is called upon to treat these cases he can approach them with confidence and know at once after a thorough examination whether to apply an angular or a straight splint to a fractured joint. How many of our young doctors leaving college have during their whole college course witnessed the application of a single splint to one of these injuries? In my opinion, it is wrong. We all know we have no time to look up a case in our text book when we are confronted with one of these accidents. I would like to see an Eclectic College take the first step towards the appointment of this chair. Well, I know that a great many would say that it is useless, and why not have a specialist in all branches, as there are

other branches as important. I wish to say right here that fractures are in a class of their own and what is worth doing at all is worth doing well.

I will devote the remainder of my time describing the treatment I have used successfully in a few cases of fractures of the elbow joint. While my mode of procedure in the treatment and care of these cases does not differ in particular from that which is recommended by some of our text books, at the same time there is a question of doubt with some surgeons as to whether a fracture of the bones in or near the elbow joint should be dressed in the flexed or extended position. Therefore, I wish to relate the successful result obtained in the extended position.

Case 1. Little girl, age seven years, while running with her arm through the ring on handle of parasol, tripped and fell, fracturing the ulna, at the olecranon process and dislocating the head of the radius forward. Under chloroform anaesthesia the dislocation was reduced and the fragments of the fractured olecranon were placed in apposition. The arm was extended, two splints were cut from a sheet of yucca and placed in position, anterior and posterior, extending from axilla to line of wrist. These were allowed to remain four weeks, at the end of which time splints and dressings were removed, and massage, flexion, extension, pronation and supination were practiced until there was perfect motion. This took about eight weeks from the time dressing was removed.

Case 2. Little girl fell from burro

striking on olecranon process of ulna, fracturing same. After undergoing same mode of treatment practiced in former case, the result was all that could be expected with action of joint perfect.

Case 3. Boy, three years old, fell from bed striking on elbow, fracturing the ulna at the olecranon process, also humerus; fracture extended from articular surface of humerus with ulna upwards and inwards disconnecting internal condyle of humerus. The same mode of treatment was carried out as in former case. As this case is of only seven weeks' duration it is impossible to give the ultimate results, but at the present time there is three-fourths of the normal action of the joint.

Case 4. Boy, ten years of age, fell from iron pipe that was placed in bough of two trees, a distance of 12 feet from the ground, striking on his hip and elbow, causing a transverse fracture of the humerus above the condyles with longitudinal fracture extending into joint, causing a so-called T fracture. I used the same mode of treatment as in other cases. The case is only of six weeks' duration, yet from present indications the result will be all one could expect.

DR. ROSWELL B. HUBBARD: Every physician and surgeon is especially interested in the modern treatment of fractures and dislocations, and a varied course of treatment would be cited should each of those present give his plan of procedure along this line.

It is interesting to note the different styles of splints, trusses and fracture boxes that may be found "ready for

emergency" kept by physicians, many of them cumbersome and unfit for the purpose designed.

The simpler the splint and dressing the more favorably is it received by patient and doctor.

Many physicians keep on hand a graduated set of splints hoping to find in the lot some one that will meet the requirements of the case at hand. This is often difficult to do; fractures are not made to suit the special ready made appliance that we may have; we must fashion the appliance to suit each individual case. After a recent fracture has been adjusted and the traumatic swelling and inflammation have subsided its normal position can always be well maintained by the plaster of paris dressing, care being taken of course that it be properly put on after the cast has well set; it can be cut down the median line and removed occasionally to allow passive motion, should the injury be situated near a joint. When readjusted it is held in place by the use of tape; over all a bandage may be run if thought best.

(The treatment of Pott's fracture of the ankle with adjusted plaster splints was demonstrated by the aid of the skeleton.)

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#### Care of the Infant.

W. S. Gibson, M. D., Los Angeles, Cal.

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The baby comes into the world and is placed in the care of parents whose knowledge of the laws of nature are more or less limited. How much time have they spent in learning about the proper feeding and care of the most

helpless of all babies, the human infant? They probably have spent weeks learning how to take care of a new automobile but not an hour in regard to changes that may take place in the infant's food supply induced by various conditions of body and nervous system.

If the mother's milk is not available, as often happens, how little they know about preparing a substitute. The little one's stomach will be crammed with patent foods and messes and because it cries with pain and vomits and has a dysentery it will be doped with paregoric and soothing syrups until a Divine Providence interferes and relieves the doting parents of their charge.

The majority of ailments affecting baby in his early days are due to wrongs of digestion and as his food supply is, or should be, milk exclusively, it is foolish to think of drugs as the panacea for his ills.

The food supply of the infant is of more importance than that of the adult. Ill assorted food may, in the adult, cause ferments and dyspeptic symptoms that are unpleasant, while the child will suffer so violently that life may be destroyed by the convulsions. The natural food supply, the mother's milk, is the proper food for the child and if Nature was always adequate to the transactions of her own business the doctors would soon find their occupation gone, but, as one of our old college teachers used to say—"Nature sometimes goes on a tear and then things happen."

There may be conditions when the

mother's milk will be as unsuited in quality or quantity as the most badly prepared artificial food. I have seen children that were being slowly poisoned and starved to death when the mother had an abundance of milk. Chemical alterations and changes in the proportion of the different constituents of the breast milk may take place from various causes, such as nervous and constitutional disorders, menstruation and pregnancy. A cross and peevish mother will almost invariably have a fretful and sickly child.

To have a healthy child requires a healthful food supply of right quality, given at regular periods with undisturbed repose in the intervals, and due attention to cleanliness and clothing. Regularity in all things should be strictly followed. During the first few months a healthy infant should sleep the greater part of the time. The habit of rocking or nursing him to sleep should be avoided. Pure, fresh air is of extreme importance in the sleeping room.

If the mother enjoys good health and has a sufficient quantity of milk of the right quality the infant needs no other food for the first six or eight months. The practice of giving the newborn infant sugar gruel, butter and other messes should be strictly condemned. For the first five or six weeks the infant should nurse at intervals of two to three hours; after that the time may be gradually lengthened. The child should never be awakened to be fed and neither should it be dragged out of its bed to be made a show of for curious visitors.

**Cleft Spine and its Treatment.**

Dr. Roswell B. Hubbard.

Not a very uncommon malformation met with in the early existence of the infant is that of cleft spine, or spina bifida as it is termed in our text books.

The defect is an abnormal opening in the vertebral column and may occur at any point of its entirety; however, it is most commonly met with in the dorsal and lumbo-sacral regions. The congenital cleft will vary from a very small opening to the entire absence of the transverse processes of several vertebrae. It is characterized by a protuberance situated over the vertebral defect, which is composed of the meningeal sac covered with fascia and integument.

The meningeal sac usually contains subarachnoid fluid, although it may contain serum and the trunk of semi-dormant spinal nerves.

In many instances, and especially where the protrusion is of considerable size, the overlying fascia and skin are very thin, tense, white and almost translucent.

The sensation imparted to the fingers under percussion is that of a fluctuating mass. Little, if any, pain is inflicted during the manipulation. As a rule the meningeal protrusion projects backwards and in the median line, although instances are not wanting where from deficiency of the vertebral bodies the tumor protruded anteriorly.

The victim of spina bifida may or may not suffer from constitutional symptoms; it depends entirely on how much the spinal cord is involved. In

aggravated cases, paralysis of the bladder, bowels and lower extremities may be met with, likewise a deficiency of the abdominal walls, permitting hernia of the bladder. The size of the spinal protrusion may be augmented by position or lessened by pressure. When the latter is resorted to a protrusion of the eye balls takes place much the same as is observed in a pronounced case of hydrocephalus with great intracranial serum pressure. This condition can be demonstrated better when the spinal protrusion is located in the cervical and upper dorsal region and is the more pronounced where the spinal cleft is very large. Then, too, it is well to bear in mind the fact that the cord and spinal nerves are seldom found within the sac when located in the lumbar region; while the reverse is the case when it is found in the cervical and upper dorsal region.

A physician called in to confirm a diagnosis of suspected spina bifida, especially of small size, will have to differentiate between cysts and fatty tumors that may occupy the median line of the back. These in a sense simulate the protrusion of true congenital spinal cleft. It will be well to note that the former can not be reduced by change of position or digital compression, while the latter would most likely be modified by resorting to the same test, and augmented, perhaps, when the patient is crying. As to treatment, little benefit can be hoped for in these cases from remedial or mechanical measures. The tendency of the more pronounced cases is towards an early dissolution. However, modern surgi-

cal methods have given a large percentage of cures, and, while in many cases operative procedures may seem hazardous, yet they give the only hope for possible relief from premature death.

There are two great dangers from operative procedures for the relief and cure of spina bifida, hemorrhage and shock produced from loss of cerebro-spinal fluid; also, the possible danger from sepsis must not be overlooked. Then, too, the age and feeble condition of the victims of this trouble must be considered. They are usually very young and withal not physically vigorous.

I will give briefly the modern technic in the operative procedure. After thoroughly asepticising the parts involved, an incision is carefully made, preferably on one side of the tumor instead of in the median line, unless the tumor is of small size and the integument of normal thickness. As a usual thing, the overlying structures are so thinned by pressure and so insufficiently nourished that, however skillfully the flaps may be united and antiseptically dressed, sloughing may ensue at some point, causing an exhaustive and continuous leakage of spinal fluid.

After the flaps of integument have been carefully dissected back from the serous sac, it may be punctured with a small aspirating needle allowing such an amount of the spinal fluid to escape as the case in hand may justify. This being done, if the tumor is of medium or large size, an exploratory opening may be made and the interior of the sac inspected. If it contains no spinal nerves of importance, and the pedicle

is moderate in size, it is securely ligated with silk.

Should the opening in the spinal canal be a long slit-like aperture, and the neck of the sac of a similar shape the pedicle will have to be closed by interrupted silk sutures and the redundant tissue cut away.

Should the spina bifida be located in the lower part of the cord and of considerable size, the sac is likely to contain important nerves supplying the pelvic organs and these must not be cut away. Such a condition was found in a case that I operated on some three years ago. The opening is sufficiently large to permit of the replacing of the nerves well within the spinal canal previous to suturing the opening in the sac.

Often hydrocephalus complicates a case of spina bifida. In these cases it is best to postpone operative interference, except in those cases where from the extreme thinness of the sac walls rupture is likely to take place. To conserve the body heat, while operating, it will be well to wrap the body and limbs in cotton, secured by bandages. The child should be fastened face downward on a table or board to prevent undue movements during the progress of the operative work. In those cases of lumbo-sacral protrusion in a feeble child, in order to prevent too great a loss of cerebro-spinal fluid, it will be well to elevate the lower extremities while operating.

The operative work must be speedily executed to prevent shock. All bleeding vessels should be clamped as they are severed except perhaps, those liable to lose considerable blood; these should

have a ligature of silk thrown around them and tied. Silk is to be used in preference to catgut in this work because of the slowness of the healing process.

In dealing with the sac, under no circumstance should any important nerve be cut away that may be found therein. It is possible to determine this point by the application of electricity. There is often some difficulty met with in the after treatment of lumbar cases in young children, on account of the nearness of the operative field to parts liable to be soiled by feces and urine. To avoid infection from these sources, the dressings must be small and sealed over with collodion, or covered with rubber tissue, the edges of which can be secured to the skin by adhesive plaster.

The after care of the child is of much importance. It must be made to lie upon the face, being secured in this position by pinning its clothing to the bed covers, or portable frame on which it may be carried about. Absorbent cotton pads should be applied to the perineum to absorb fecal and urinary discharges, and should be changed as soon as soiled.

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#### California State Medical Examining Board.

Examination August 4, 5 and 6, 1903.

#### SURGERY.

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1. Define fracture; compound fracture; comminuted fracture; impacted fracture; intra-capsular fracture.

2. How would you recognize and dress a supra-condyloid fracture of the humerus?

3. How would you treat a punctured wound; a lacerated wound?

4. Name different measures by which you would control hemorrhage in wounds.

5. In venous hemorrhage requiring surgical interference: First: how would you diagnose same? Second: What would be your treatment and upon what would it depend? Third: What are the special dangers in wounds of the internal jugular, subclavian, axillary, femoral and popliteal veins?

6. What is an irreducible hernia? A strangulated hernia, and how would you treat the latter?

7. Give the procedure, or steps, of an operation for inguinal hernia in the male.

8. Define phlegmon and outline treatment.

9. Give an example of a connective-tissue tumor; an epithelial tumor; a dermoid tumor; a cystic tumor.

10. Differentiate chancre and chancreoid under the following heads: Origin, incubation, situation, commencement, number, shape, surface, secretion, induration, sensibility, histology, bubo.

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#### OBSTETRICS.

1. Give the diameters of the normal foetal head at full term.

2. Describe the formation of the placenta and give the management of (a) retained placenta after abortion, (b) retained placenta after normal labor at full term.

3. Describe the foetal circulation and state what changes take place in it at birth.

4. Give two possible physiological causes of icterus neonatorum and differentiate the pathologic and physiologic forms.

5. Diagnose and give the prognosis

and management of a breech presentation.

6. Give the pathology, prognosis and treatment of puerperal eclampsia.

7. How would you manage a case of labor at term with membranes ruptured and cord presenting?

8. Name the principal causes of sterility.

9. What results are likely to follow an unrepaired laceration of (a) the cervix uteri, (b) the perineum down to the sphincter ani?

10. What conditions should govern the use of anæsthesia in labor? What anæsthetic would you use and why?

#### PATHOLOGY.

1. Name three predisposing causes of disease and give examples of each.

2. Define hypertrophy; hyperplasia.

3. Describe a catarrhal inflammation of a mucous membrane.

4. Describe a diphtheritic inflammation of a mucous membrane.

5. In what ways may pneumonia cause death?

6. Define œdema, anasarca, ascites.

7. What changes in the heart are liable to occur from repeated attacks of asthma.

8. What is the pathology of tabes dorsalis?

9. Examination of gross pathological specimens and X-ray plates.

10. Examination of microscopic specimens.

#### PHYSIOLOGY.

1. Name the digestive fluids found in the alimentary canal and tell where each is produced.

2. Describe the circulation of the blood and give the causes of its flow in the different vessels.

3. Name the different organs concerned in the excretion of waste material of the body and give the principal ingredients eliminated by each.

4. Describe the lymphatic system and give its functions.

5. Name the principal divisions of the brain.

6. Describe the process of respiration.

7. Describe reflex action.

8. Describe stomach digestion.

9. Describe the portal circulation.

10. Name the cranial nerves and the function of each.

#### BACTERIOLOGY.

1. Name the three great classes of bacteria made in regard to their shape.

2. Into what classes are the micrococci sub-divided?

3. Name two ways by which bacteria propagate.

4. What is necessary to prove the pathogenesis of a given organism?

5. Describe the gonococcus, and give method of staining for its detection, also mode of culture.

6. What is Gram's solution and how is it used?

7. What general conditions are necessary for growing bacteria artificially?

8. What precautions are necessary in handling specimens, that are to be examined for bacterial infection?

9. What are ptomaines?

10. In what ways do bacteria gain access to the body?

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## *Editorial.*

### A New Home.

We are pleased to inform the readers of the Journal, that through the efforts of two of the Members of the Faculty and Board of Trustees of the California Medical College, Drs. Harvey and Hunsaker, we now have an up to date institution where the eclectics of the Pacific Coast may bring or send their patients with every assurance of fair and courteous treatment along the lines of the most modern achievements.

This institution known as "THE IRVING" is located at 2119 California Street, San Francisco, the most popular and accessible location in the city, it being situated between Laguna and Buchanan Streets, approached directly

by the California Street cars which transfer to the Jones and O'Farrell Street lines. The United R. R.'s Sacramento and Fillmore Street lines being only one and two blocks distant respectively.

"The Irving" is supplied with all the modern appliances for the treatment of medical and surgical cases.

Little remains to be said of the skill and care which we may expect our patients to receive from the nurses, when we say that Mrs. Ella C. Irving is to be in full charge of that department. Mrs. Irving's name as well as her competence are well known to almost all of us.

The California Medical College Faculty have the naming of the Internes for the institution, who shall act in the capacity of Resident Physician.

We hope that the Eclectics of this

City and State will avail themselves of the privileges, and conveniences of this institution and give it the support which it deserves.

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### Make your Choice.

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We have no great love for the political doctor, but to the doctor in politics we have no serious objection. The doctor has interests to preserve and ideas to enforce which require that he give attention to politics. We, as a school of medicine, have been too modest. We have stood aloof when we should be in the midst of the fray. Politicians are trimmers, not men guided by justice but by what they consider policy. No reasonable man will deny that Eclectics and Homœopaths should be represented in the State institutions. Why are they not? Because they have not organized and demanded their rights politically.

If the Eclectics of this State for a moment believed that Governor Pardee would remove their representative, Dr. Fay, of Sacramento, from the State Board of Health, he would still be receiving his mail in Oakland. It would not be much of an effort to overcome Pardee's majority.

We are on the eve of a city election. Make your choice—shall it be Crocker, Lane or Schmitz? We want representation on the Board of Health and in all the public institutions of the city. We can have it if we combine. One man on the ticket has shown his friendship. Shall we support him? Let us have a consultation and act in unison.

### Pure Food Law.

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Professor George F. Colby of the University of California has been appointed by the government to examine foreign food products imported on the Pacific Coast.

Dr. Wiley, chief of the bureau of chemistry, reports ten per cent of the food imported since the 1st of July to be impure. Rhine wine containing salicylic acid, white wine, sulphuric acid, olive oil containing cotton seed oil, and a number of other articles containing preservatives injurious to health.

Such adulterations can not fail to be of injury to the health of the people. As a remedy we would suggest that the people of California patronize home industry. Pure California wines are plentiful, and there are many brands of California olive oil that, on chemical analysis, have been found to be above suspicion.

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### Insurance Against Malpractice.

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None of us who are competent physicians have much fear of malpractice suits when dealing with patients of the better class. Educated people have, as a rule, sufficient intelligence to know when a physician has done his best; but among the more ignorant people there is great danger of a wilful and often malicious tendency to blame the physician for everything that comes. Also we have that class that never pays a bill it can avoid, and that demands more time and attention from the physician than his best patrons. These people welcome a chance for a suit of

any kind knowing that no physician likes the publicity, and that the expenses of defending a suit and the loss of time involved will often lead him to compromise.

The physician who carries an up to date insurance policy against such suits is in a very enviable position, knowing that he will be ably defended he has no desire to compromise, and the ignorant and unscrupulous are not likely to institute a suit that is sure to end in disaster for the plaintiff. This applies of course to those who have no just cause for complaint but who see a chance for a profitable speculation. But as no physician who is incompetent can secure one of these policies the fact that he is accepted by the insurance companies is a guarantee of his skill and there is very little chance of making out a case against him.

As we have said before in this connection, in time of peace prepare for war.

On its introduction, the following resolution was unanimously agreed upon by the Board of Directors of the Eclectic Medical Society of the State of California; and it was ordered that an official copy of the same be sent to Professor John Uri Lloyd, and that it be published in the current issue of the California Medical Journal.

Resolved: That we record with sorrow the death of Sophia Webster Lloyd, mother of Professor John Uri Lloyd, which took place August 17th at his home.

She was a devoted and loyal wife and mother, a teacher of exceptional

ability and influence, and an author of considerable note. Full of years and of honors, happy in the affection and esteem of her children and friends, her life work ended, she has gone to her reward.

O. C. WELBOURN, President.

BEN STETSON, Secretary.

### *Editorial Notes.*

Dr. R. J. Schmiedel is taking a vacation in Calaveras Co.

Dr. J. A. Munk of Los Angeles attended the G. A. R. encampment here.

The California Medical College opens October 5th. There promises to be a large and enthusiastic class.

A great many improvements and additions have been made lately at the Buena Vista Sanatorium. They can now accommodate an increased number of patients, and the care and attention will be better than ever.

On September 23d Mr. Fred Harrison and Miss Edith Short, both students in the C. M. C., were married at San Jose. The ceremony was performed by the Rev. Mr. Greenwell, also a student in the college.

We are indebted to Dr. Lamb for the following extracts from a letter of Dr. L. G. Spaulding of St. Johns, Wash.

"I have a fine location in a little town of about three hundred inhabitants and with a large surrounding country; the nearest town to us is fifteen miles. There are two other doctors here, but I have the long end of the business.

I came here the middle of January last and have made from two fifty to three hundred dollars per month; last month made three hundred and fifty. I have had the bad luck to lose only three cases since locating here. The town practice amounts to almost nothing but I drive all over the country. My livery bill for last month was only \$71.00, so you see how I am going. Take it all in all I have had good success and have learned several things that I did not know and suppose I will learn several more before I die. The first case I got after arriving here was a broken leg. Of course there was a big crowd around to see the new doctor work, and of course I did not sweat any. It was the warmest job I had undertaken for a while but I had the good luck to get a good result, and since then have had all the bones to set. I suppose I am going through the same ordeal that all young doctors do. About the time I begin to think I know a thing or two I go up against something that knocks the props from under me and down I come."

#### The County Society.

The sixth regular meeting for the current year of the Society of Physicians and Surgeons convened on September 2, 1903.

President Dr. M. Schirman called the meeting to order at usual time. The minutes of previous meeting were read and approved.

Dr. Wm. C. Bailey who was unable to attend sent his paper which was read and discussed from all sides. The

doctor treated his subject, "Dispensing vs. Prescribing" in a thoroughly business like manner, showing the virtues and security to be derived from dispensing and the disadvantages and possible failure from prescribing if we can not absolutely rely on the honesty of the druggist. Discussions *pro* and *con* were very interesting.

Dr. W. H. Hunsaker agreed to present a paper at the next meeting, title of which will be "Acute Mastoiditis."

Dr. D. Maclean will present a paper on "Serum Therapy," on Wednesday, October 7, 1903.

No further business to be transacted the meeting adjourned until Wednesday Sept. 16, 1903.

R. J. SCHMIEDEL, M. D.,  
Secretary.

The regular semi-monthly meeting of the above society was held at the office of Drs. Gere and Hamilton, Sept. 16th.

Dr. Gere gave an account of an interesting case of mastitis, and his method of treatment.

Dr. Hunsaker read a paper on mastoid disease, illustrating his point with sections of the temporal bone, which proved of great interest.

Dr. Bailey was elected to act as secretary during the temporary absence of Dr. Schmiedel.

Dr. Harvey announced that he and Dr. Hunsaker had made all arrangements for providing hospital facilities, which would be at the disposal of eclectics and others before the end of the month.

Adjourned to meet October 7th.

WILL C. BAILEY, M. D.,  
Sec. pro tem.

The "National Dental Association" at the recent meeting, held at Asheville, N. C., passed the following resolution:

"Resolved, That it is the sense of the 'National Dental Association' that each Medical College in the United States should include in its curriculum a lectureship on 'Oral Hygiene, Prophylaxis, and Dental Pathology.'"

The dental profession feels that with the introduction of the teaching of Oral Hygiene in the Public Schools, which they are striving to accomplish, and the cooperation of medical men who have been specially instructed on this subject, that a great stride will have been made toward the prevention of caries of the teeth, not to mention many other good results to the general system, which would surely follow a better care of the oral cavity.

### *Book Notes.*

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the JOURNAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

*Practical Medicine Series of Year Books*, Comprising Ten Volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Gustavus P. Head, M. D.

Vol. VIII.—Materia Medica, Therapeutics, Preventive Medicine, Climatology, Suggestive Therapeutics and Forensic Medicine. Edited by George F. Butler, M. D., Ph. G.; Henry B.

Favill, A. B., M. D.; Norman Bridge, A. M., M. D.; Daniel R. Brower, M. D., and Harold N. Moyer, M. D. Chicago, 1903: The Year Book Publishers.

This volume is in every particular up to the standard of its predecessors. The authors who contribute are all very able men and authorities in their different lines; Butler, who edits the Department of Materia Medica, has written a very able text book on the subject; and the other editors are equally well chosen. Norman Bridge of Los Angeles Cal., has the Department of Climatology. The sections on Suggestive Therapeutics and Forensic Medicine are very interesting. The chapters on Preventive Medicine should be carefully read as they embody the latest ideas in hygiene and sanitation.

*Portfolio of Dermochromes* by Prof. Jacobi of Frubury. English adaptation of text by J. J. Pringle, M. B., F. R. C. P. Rebman Co., 10 W 23rd St., New York.

Parts I, II, III and IV bound in two volumes (two parts in each volume), full flexible leather, with rounded corners and gilt edges all round, gilt lettered on side, including owner's name, very handsome, \$16 net for the complete work.

Ditto, in half leather, cloth boards, title gilt lettered on back only, with red burnished edges all round, \$15 net for the complete work.

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This work contains plates of Dermochromes beautifully reproduced in nat-

ural tints by a new Four-Color Process, illustrating the common diseases of the skin and venereal affections which the general practitioner has frequent opportunities of observing in his daily practice. Each plate is accompanied by a page or more of explanatory text containing practical points in treatment.

The plates are the finest that have ever been seen in any work on skin diseases. They are carefully chosen and there is no exaggeration of color or condition. Their excellence makes it possible and easy to identify any skin disease by reference to them. The author has had abundance of clinical material to draw on, and the results are evident both in the illustrations and the text.

A prospectus and specimen plate will be sent to any medical man on receipt of card, and we advise all who are interested in the subject, whether students, general practitioners or specialists to avail themselves of this offer.

---

*High Frequency Currents in the Treatment of Some Diseases.*—By Chisholm Williams, F.R.C.S., Edin., etc., Electro-therapeutist to the West London Hospital, etc.

Medium 8vo., 238 pp., with 75 Illustrations. Price \$2.75 net. Rebman Co. 10 W 23rd St., New York.

This work is written from the personal experience of the author and is confined to those cases in which the efficacy of the high frequency and high potential currents has been thoroughly tested. It comprises a concise history of the therapeutic use, the

source of energy, a very practical chapter on the apparatus used, the physical and physiological properties, the therapeutic methods, and the use both in general and local diseases. The results in lupus, eczema, rodent ulcer, malignant growths, are demonstrated together with the best method of application. The beneficial effects in tuberculosis, diabetes, rheumatism and gout are also clearly shown. The most interesting cases cited are those of atonic dilatation of the stomach, in which the high frequency currents have been used with great success.

The book is illustrated with cuts showing apparatus and methods of application.

As all progressive physicians are interested in electro-therapy this work is to be highly recommended to them as the result of the labor and experience of one who is a recognized authority.

---

*Lucotherapy, or the Therapeutic Action of Light.*—By Corydon Eugene Rogers, M. D. Metropolitan Press, Seattle, Wash. Price \$2.00.

This is a comprehensive little work on the action of light on the human system, both in health and disease. The use of heat and light in the treatment of disease is in its infancy. The doctor gives many illustrations of success in cases of tuberculosis and cancer, besides other common diseases. The work is worth a careful study and we advise the reader to procure a copy in order to be up to the latest ideas.

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Try Stuart's Emulsion of Olive Oil in your next case of tuberculosis. You will be pleased with the result.

G. W. HARVEY, M. D.

### Resuscitation by Rhythmic Compression of the Heart.

Starling (*Lancet*, November 22d, quoted in *Med. Rec.*, January, 1903) reports a case in which the patient's pulse and respiration ceased during an operation for appendicitis. The surgeon introduced his hand through the abdominal incision, and squeezed the heart through the diaphragm. After repeating this manipulation several times, the heart began to beat. Artificial respiration was continued for twelve minutes, when the operation was completed without an anesthetic. Good convalescence followed. The previous results of manual compression of the heart have not been encouraging, but the above cited success suggests that if, during laparotomy, the heart stops, the case should never be abandoned without performing manual compression of the heart through the diaphragm.—*International Medical Magazine*.

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DR. HEINICKE.

Gotha, August 18, 1901.

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## THE ADVANTAGES OF COMBINING REMEDIES.

John Moir, L.R.C.P., and L.R.C.S., Ed., in *The Therapist*, London, says: "Latterly I have been using heroin very extensively in tablet form in combination with antikamnia, and found the combination to act charmingly, both for relieving pain and in procuring comfortable, restful sleep. The soothing rest in these cases was also characterized by a light but well-marked fall in temperature; but the greatest benefit of all in this treatment is that, although the distressing frequency of the respiration was reduced, it was stronger and heavier and less spasmodic, with a beneficial effect upon the heart at the same time. The tablets I use contain antikamnia 5 grs., heroin hydrochlor, 1-12 gr., and were given every two, three or four hours, in cases of cough, bronchitis and re-

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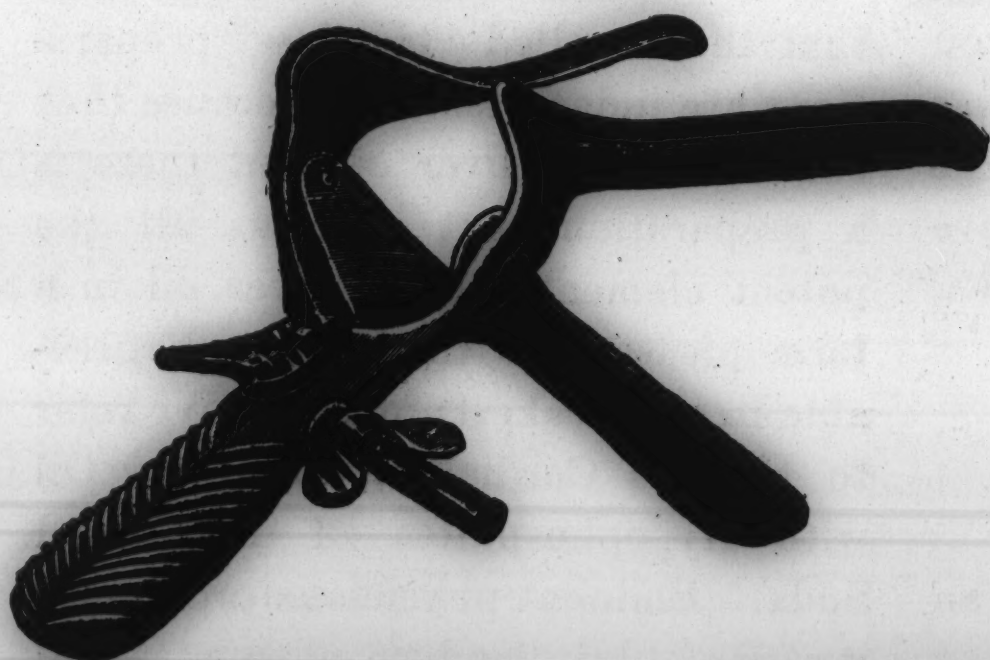
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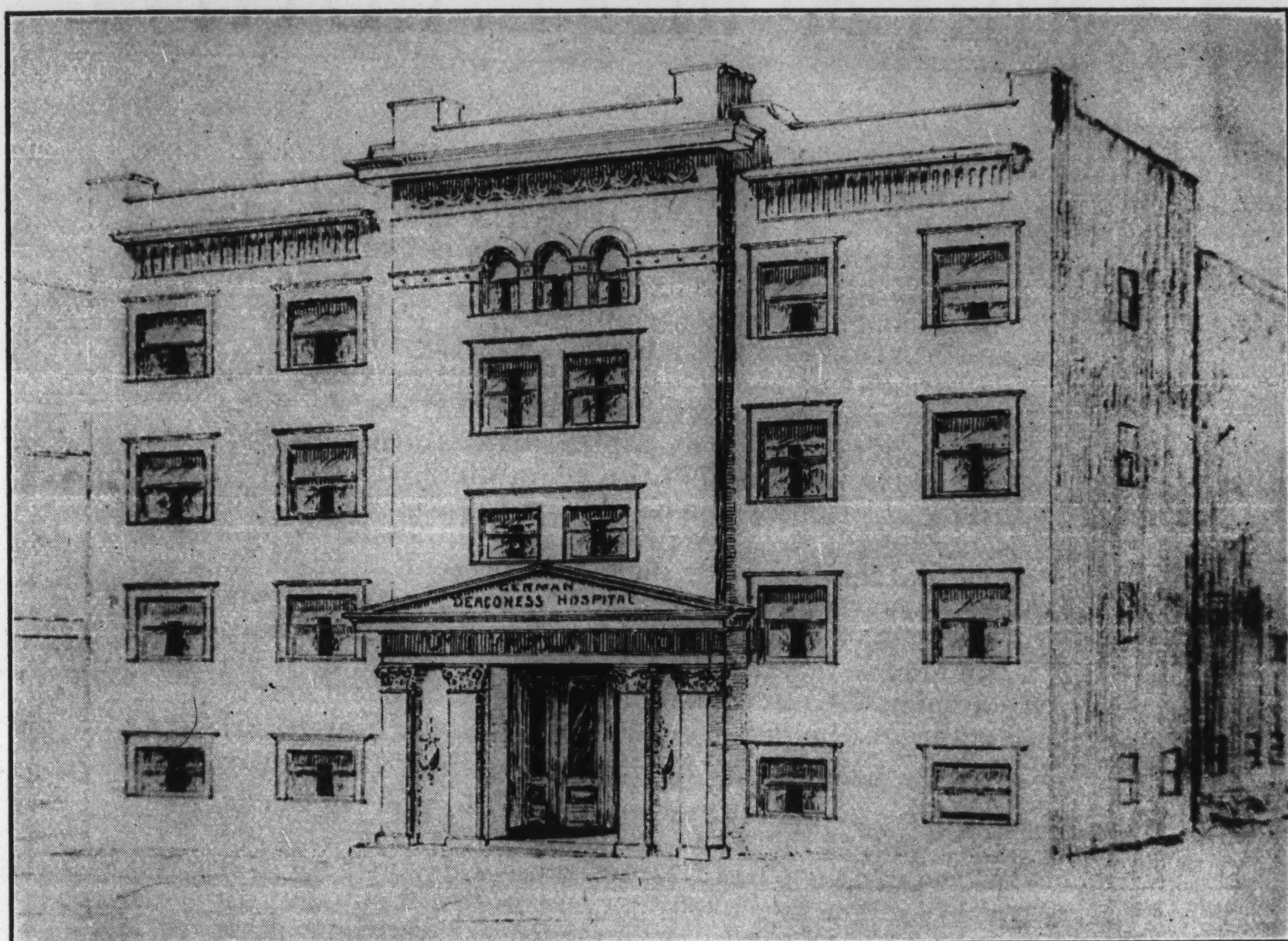
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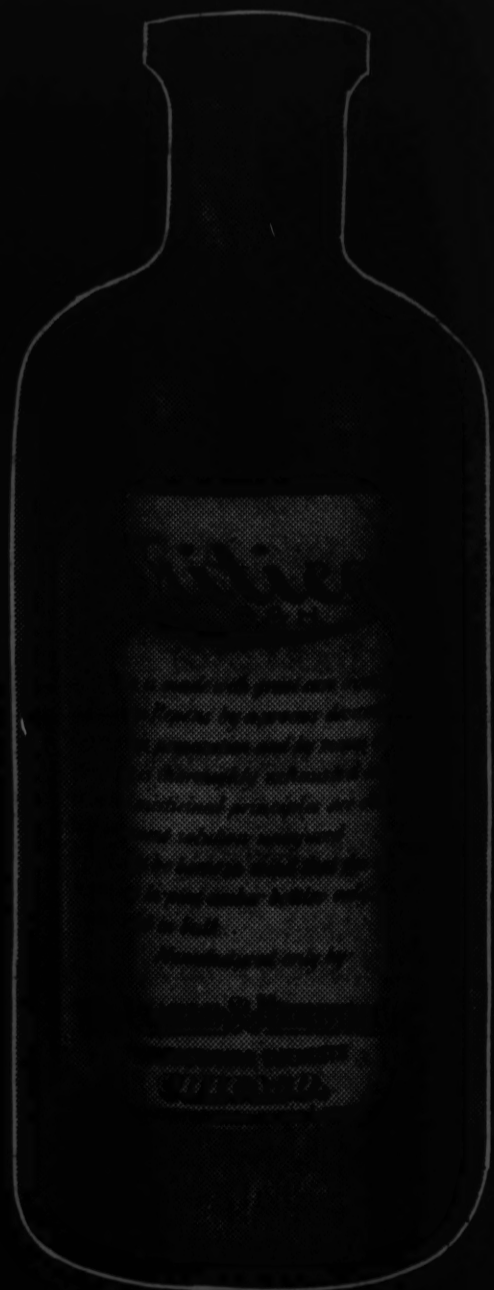
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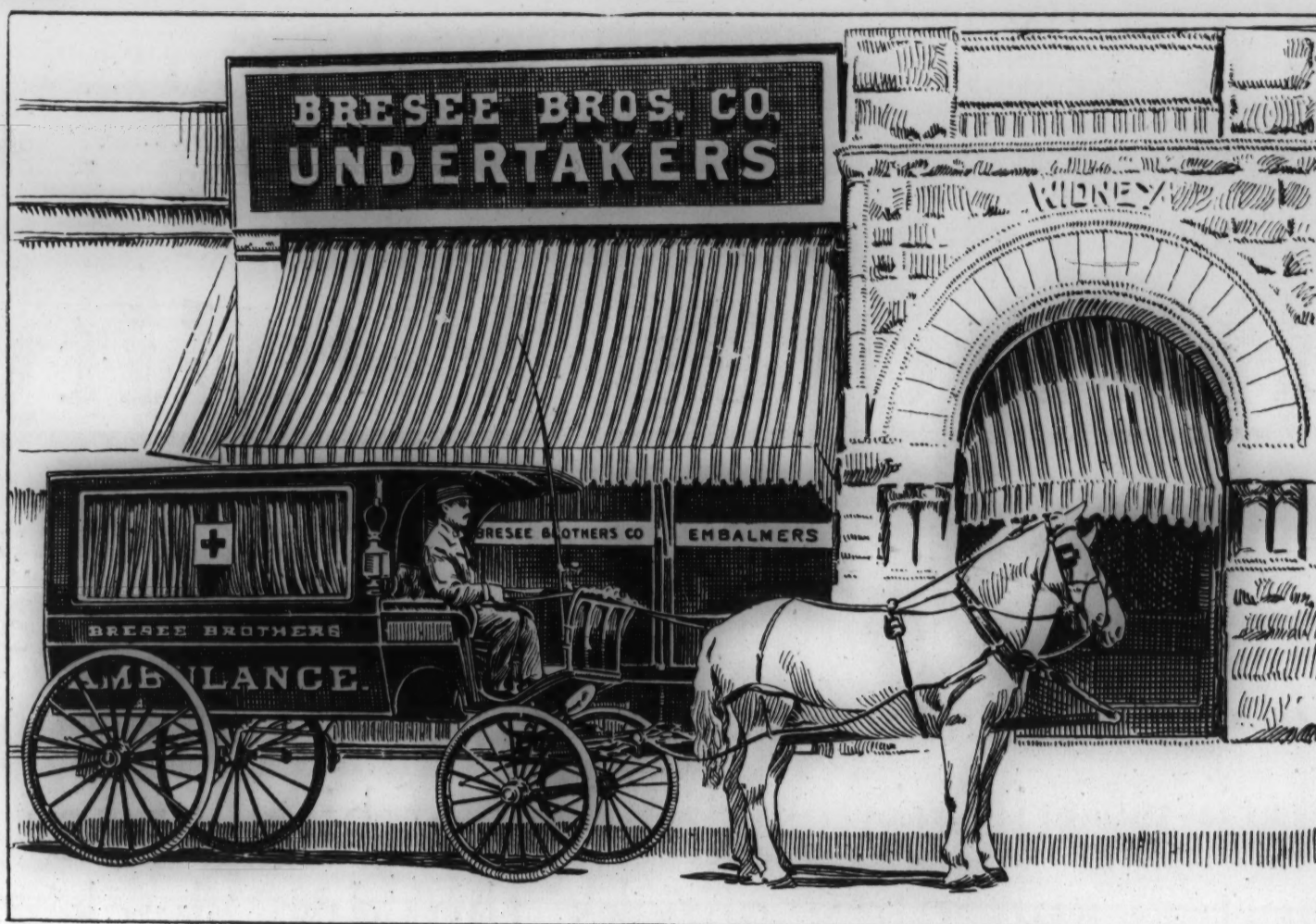
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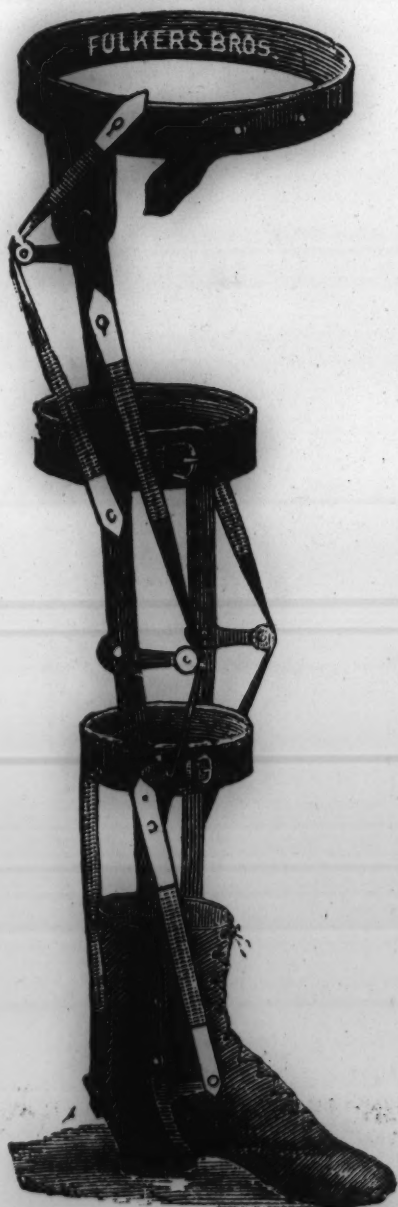
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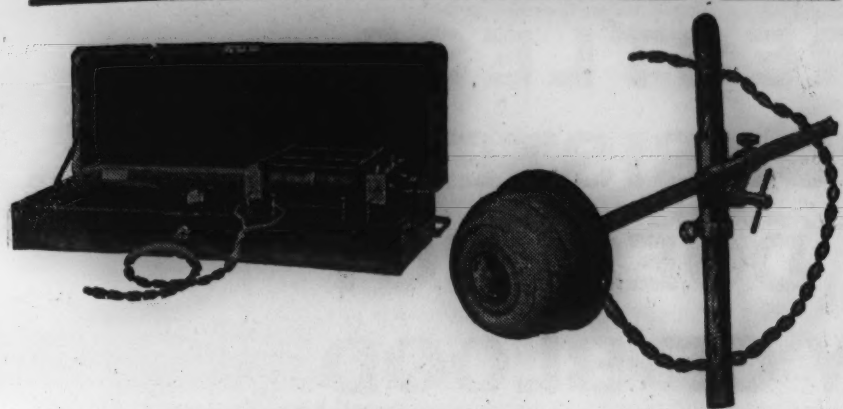
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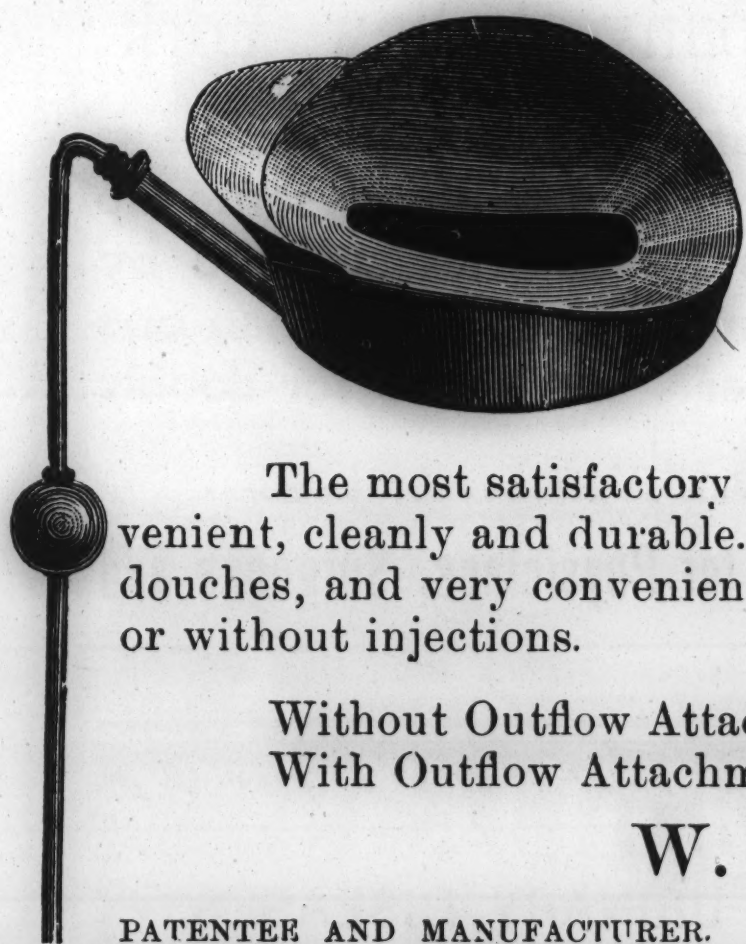
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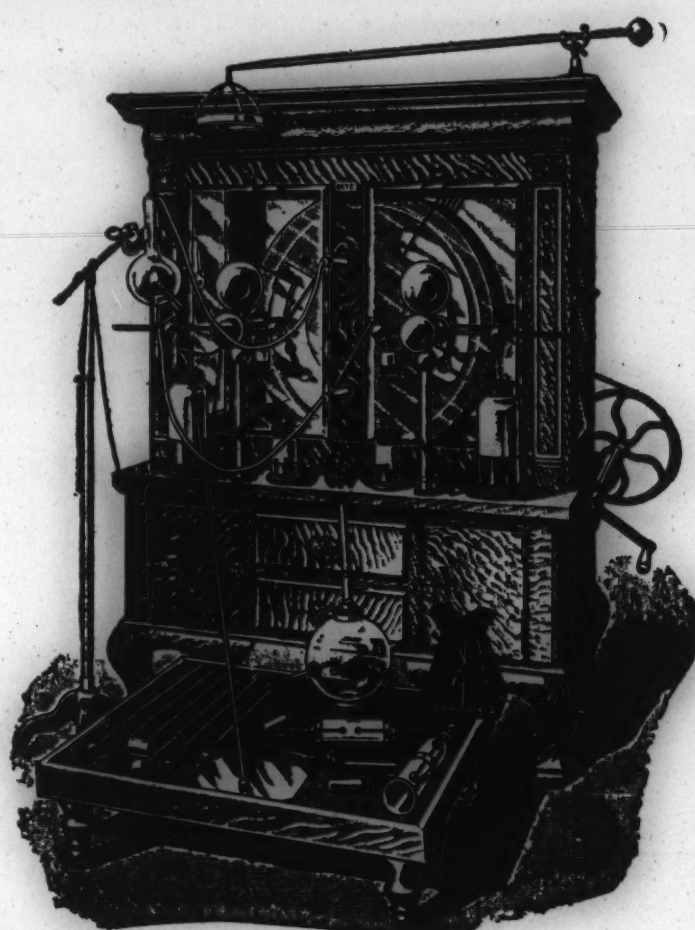
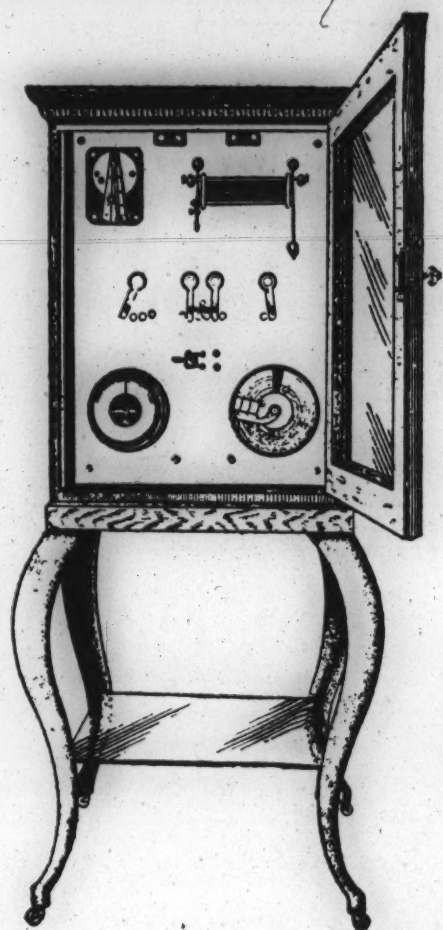
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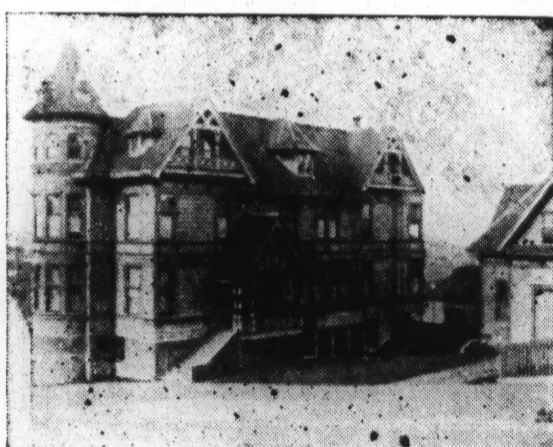
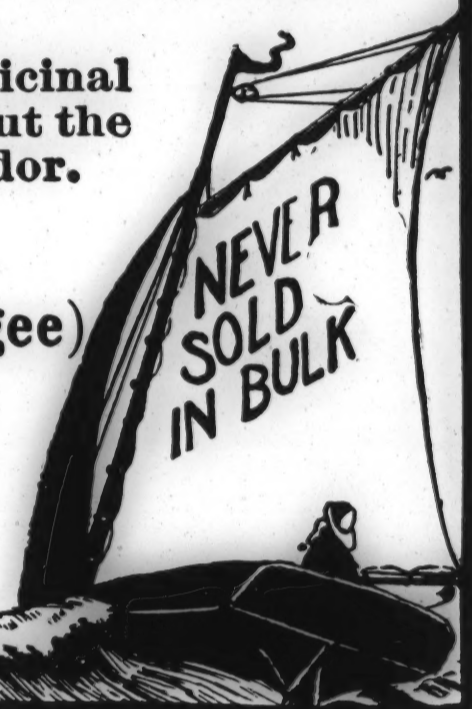
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## Contents.

ORIGINAL AND SELECTED.

LIGHT, MORE LIGHT.....	Dr. E. Noble.	245
THE MICROSCOPE AS AN AID TO DIAGNOSIS..	Dr. John Dougall,	248
DELAYED UNION AND UNITED FRACTURE...	Emory Lanphear, M. D.	250
SEPTICÆMIA.....	S. J. Smith, M. D.	254
EDITORIAL.....		263
EDITORIAL NOTES.....		264
OBITUARY.....		264
THE COUNTY SOCIETY.....		266

SOUTHERN CALIFORNIA DEPARTMENT, O. C. Welbourn, M. D.—

EDITORIAL.....		255
QUERY BOX.....	L. A. Perce, M. D.	256
CLIMATOLOGY OF THE SOUTHWEST.....	Dr. J. A. Munk.	257
CACTUS FLOWERS AS A REMEDY.....	Dr. Ovid S. Laws.	260
TREATMENT OF INFANTS AND CHILDREN..	W. S. Gibson, M. D.	261



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